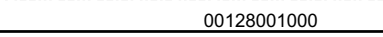


<b>★ ★ ★</b> Government of the District of Columbia Office of the Chief Financial Officer Office of Tax and Revenue	<b>FR-128 : 2000 Extension of Time to File D.C. Franchise or Partnership Return</b>	 00128001000
FEDERAL EMPLOYER I.D. NUMBER	SOC. SEC. NO. (IF SELF-EMPLOYED)	<b>FOR OFFICIAL USE ONLY :</b>
BUSINESS NAME		TAXABLE YEAR ENDING
MAILING ADDRESS LINE #1		
MAILING ADDRESS LINE #2		
CITY		STATE      ZIP + 4

**Submit this form along with your payment in full of any tax due as shown on Line 6 below.**

1. A 6-month extension of time to file until \_\_\_\_\_ 15, 2001, for the calendar year 2000, or a 6-month extension of time to file until \_\_\_\_\_, for a fiscal year ending \_\_\_\_\_, \_\_\_\_\_ is hereby requested to file the following District of Columbia return (check one):

☐ Corporation Franchise Tax Return, Form D-20    
 ☐ Unincorporated Business Franchise Tax Return, Form D-30    
 ☐ Partnership Return of Income, Form D-65

		DOLLARS	CENTS
2. TOTAL TAX LIABILITY FOR THE PERIOD.....	\$		
3. FRANCHISE ESTIMATED TAX PAYMENTS (Include any overpayment credit).....	\$		
4. OTHER PAYMENTS.....	\$		
5. TOTAL PAYMENTS AND CREDITS (Add Lines 3 and 4).....	\$		
6. BALANCE DUE (Line 2 minus Line 5). <u>Payment in full</u> must be submitted with this form or your request will be denied. ( <b>Note: You will be subject to the failure-to-pay penalty and interest on any amount of tax due and not paid with this request</b> ).....	\$		

Rev. 10/26/2000

**NOTE:** If receivers, trustees in bankruptcy, or assignees are in control of the property or business of the entity, such receivers, trustees, or assignees must sign the request.

TAXPAYER NAME : \_\_\_\_\_

FEDERAL EMPLOYER I.D. NUMBER : \_\_\_\_\_



00128002000

**PLEASE  
SIGN  
HERE**

Under penalties of law, including criminal penalties for false statements and tax preparer penalties under D.C. Code secs. 22-2514 and 47-161, *et seq.*, I declare that I have examined this return and, to the best of my knowledge and belief, it is true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information available to the preparer.

Telephone Number of Person to Contact

				-				-				
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**CORPORATE  
SEAL**

\_\_\_\_\_  
TAXPAYER(S) SIGNATURE(S) (See Instructions) TITLE DATE

**PAID  
PREPARER  
ONLY**

\_\_\_\_\_  
PREPARER'S SIGNATURE (If other than taxpayer) DATE

Preparer's SSN or PTIN

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\_\_\_\_\_  
FIRM NAME

Preparer's Federal Employer I.D. Number

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\_\_\_\_\_  
FIRM ADDRESS

Mail return and payment to: D.C. Government, Office of Tax and Revenue, 6<sup>th</sup> Floor, 941 North Capitol St., N.E. Washington, D.C. 20002.  
Make check or money order payable to the D.C. Treasurer. Include your Federal Employer ID number, "FR-128" and tax year on your payment.